

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Ohio State Medical Association Political Action Committee

ADDRESS (number and street)

3401 Mill Run Dr

☐Check if different  
than previously  
reported. (ACC)

Hilliard

OH

43026

9078

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00003327

3. IS THIS  
REPORT☐NEW  
(N)**OR**☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☒January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2005

through

12

31

2005

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Timothy I. Maglione

Signature of Treasurer

Electronically Filed by Timothy I. Maglione

Date

04

14

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Ohio State Medical Association Political Action Committee

Report Covering the Period:

From:

M	M		D	D		Y	Y	Y	Y
0	7		0	1		2	0	0	5

To:

M	M		D	D		Y	Y	Y	Y
1	2		3	1		2	0	0	5

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2005</span>		216264.38
(b) Cash on Hand at Beginning of Reporting Period .....	235651.55	
(c) Total Receipts (from Line 19) .....	151353.07	257136.44
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	387004.62	473400.82
7. Total Disbursements (from Line 31) .....	194241.13	292803.13
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	192763.49	180597.69
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Ohio State Medical Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	5

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	5

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	25783.32	66782.93
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	43069.96	107952.03
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	68853.28	173885.35
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	68853.28	173885.35
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	500.00	500.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	81999.79	82751.09
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	151353.07	257136.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	151353.07	257136.44

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	99970.00	116680.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	94250.00	168750.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	21.13	7373.13
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	194241.13	292803.13
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	194241.13	292803.13

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	68853.28	173885.35
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	68853.28	173885.35
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 58

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Dr. Patrick William McCormick

Mailing Address 4649 Ginger Hill Ln

City State Zip Code  
 Toledo OH 43623-1095

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Neurosurgical Network Inc

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 5 / 2 0 0 5

Transaction ID: T7229

Amount of Each Receipt this Period

500.00

A Contribution to the Fed-  
eral PAC

Full Name (Last, First, Middle Initial)

**B.** Dr. Margaret Mary LeMasters

Mailing Address 6 Cypress Garden St

City State Zip Code  
 Cincinnati OH 45220-1121

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
For Women Inc

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 9 / 2 0 0 5

Transaction ID: T7483

Amount of Each Receipt this Period

300.00

A Contribution to the Fed-  
eral PAC

Full Name (Last, First, Middle Initial)

**C.** Dr. Kumbha Premanand Nayak

Mailing Address 11440 Brattle Ln

City State Zip Code  
 Cincinnati OH 45249-3608

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Eastern Orthopaedics Inc

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 9 / 2 0 0 5

Transaction ID: T7472

Amount of Each Receipt this Period

300.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 58

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr. Steven Francis Brezny

Mailing Address 4339 Village Club Dr

City State Zip Code  
Powell OH 43065-7324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Family Physicians At Wedg-  
ewood

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 9 / 2 0 0 5

Transaction ID: T7477

Amount of Each Receipt this Period

125.00

A Contribution to the Fed-  
eral PAC

**B.** Full Name (Last, First, Middle Initial)  
Dr. Norman Dean E Raymond

Mailing Address 398 Farmeadow Dr

City State Zip Code  
Westerville OH 43082-8857

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Marysville Obstetrics And  
Gynecology I

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 9 / 2 0 0 5

Transaction ID: T7473

Amount of Each Receipt this Period

300.00

A Contribution to the Fed-  
eral PAC

**C.** Full Name (Last, First, Middle Initial)  
Dr. Dwight Allen Scarborough

Mailing Address 650 Shawan Falls Dr

City State Zip Code  
Dublin OH 43017-2100

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Affiliated Dermatology &  
Cosmetic Surg

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 9 / 2 0 0 5

Transaction ID: T7482

Amount of Each Receipt this Period

500.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

925.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 58

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr. Walter James Wielkiewicz

Mailing Address 5180 Heritage Dr

City State Zip Code  
Nashport OH 43830-9711

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PrimeCare Of Southeastern  
Ohio Inc

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 9 / 2 0 0 5

Transaction ID: T7476

Amount of Each Receipt this Period

100.00

A Contribution to the Fed-  
eral PAC

**B.** Full Name (Last, First, Middle Initial)  
Dr. Walter James Wielkiewicz

Mailing Address 5180 Heritage Dr

City State Zip Code  
Nashport OH 43830-9711

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PrimeCare Of Southeastern  
Ohio Inc

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 0 / 2 0 0 5

Transaction ID: T8085

Amount of Each Receipt this Period

100.00

A Contribution to the Fed-  
eral PAC

**C.** Full Name (Last, First, Middle Initial)  
Dr. John Warner Thomas

Mailing Address 3418 Tamarack Ln

City State Zip Code  
Wooster OH 44691-7206

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Wooster Eye Center

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 1 / 2 0 0 5

Transaction ID: T8659

Amount of Each Receipt this Period

1000.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 58

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Set Shahbadian Mailing Address 3482 Fiddlers Green City State Zip Code Cincinnati OH 45248-2810 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Set Shahbadian MD Inc Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 5 <b>Transaction ID: T8670</b> Amount of Each Receipt this Period 200.00 A Contribution to the Federal PAC
<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Raymond John Boniface Mailing Address 1669 Walker Mill Rd City State Zip Code Poland OH 44514-3639 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Boniface Orthopaedics Inc Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 5 <b>Transaction ID: T8653</b> Amount of Each Receipt this Period 300.00 A Contribution to the Federal PAC
<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Sherif George Awadalla Mailing Address 2095 Angela Ct City State Zip Code Villa Hills KY 41017-5321 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Institute For Reproductive Health Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 5 <b>Transaction ID: T8661</b> Amount of Each Receipt this Period 200.00 A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional) .....

700.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 58

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Richard Bernard Budde, Jr. Mailing Address 930 Cedarpark Dr City Cincinnati State OH Zip Code 45233-4879 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Professional Radiology Inc Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 1 / 2 0 0 5 <b>Transaction ID:</b> T8672 Amount of Each Receipt this Period 200.00 A Contribution to the Federal PAC
<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Patrick Gerard Kirk Mailing Address 8405 Eustisfarm Ln City Cincinnati State OH Zip Code 45243-4213 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Patrick G Kirk MD Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 1 / 2 0 0 5 <b>Transaction ID:</b> T8667 Amount of Each Receipt this Period 200.00 A Contribution to the Federal PAC
<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Ginger Sadler Kubala Mailing Address 9993 Sadler Cir City Loveland State OH Zip Code 45140-1867 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Montgomery Family Practice Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 1 / 2 0 0 5 <b>Transaction ID:</b> T8662 Amount of Each Receipt this Period 200.00 A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional) .....

600.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 58

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr. Steven Francis Brezny

Mailing Address 4339 Village Club Dr

City State Zip Code  
Powell OH 43065-7324

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Family Physicians At Wedg-  
ewood

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 8 / 2 0 0 5

Transaction ID: T8184

Amount of Each Receipt this Period

125.00

A Contribution to the Fed-  
eral PAC

**B.** Full Name (Last, First, Middle Initial)  
Dr. Howard Morris Schecht

Mailing Address 2103 Whitehall Rd

City State Zip Code  
Toledo OH 43606-2570

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Toledo Clinic Inc

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 8 / 2 0 0 5

Transaction ID: T8183

Amount of Each Receipt this Period

300.00

A Contribution to the Fed-  
eral PAC

**C.** Full Name (Last, First, Middle Initial)  
Dr. Isaac Torem

Mailing Address 2699 Oak Forest Dr

City State Zip Code  
Niles OH 44446-4477

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Isaac Torem MD Inc

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 8 / 2 0 0 5

Transaction ID: T8180

Amount of Each Receipt this Period

300.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

725.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 58

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr. Anthony Ross DeSalvo

Mailing Address 1996 Celestial Dr NE

City State Zip Code  
Warren OH 44484-3981

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OBGYN Associates Of Warren

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 2 / 2 0 0 5

Transaction ID: T8288

Amount of Each Receipt this Period

200.00

A Contribution to the Fed-  
eral PAC

**B.** Full Name (Last, First, Middle Initial)  
Dr. Nicholas Paul Mastros

Mailing Address 4151 County Rd 26

City State Zip Code  
Steubenville OH 43953-7104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 2 / 2 0 0 5

Transaction ID: T8277

Amount of Each Receipt this Period

200.00

A Contribution to the Fed-  
eral PAC

**C.** Full Name (Last, First, Middle Initial)  
Dr. Elizabeth Ann Roseberry

Mailing Address 1446 Eagle Pass Dr

City State Zip Code  
Marion OH 43302-8138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Marion General Hospital

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 2 / 2 0 0 5

Transaction ID: T8323

Amount of Each Receipt this Period

200.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 58

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Paul Anthony DiBiase, Jr.

Mailing Address 106 Hiddenwood Dr

City State Zip Code  
 Steubenville OH 43953-3418

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 1 5 / 2 0 0 5

Transaction ID: T8349

Amount of Each Receipt this Period

200.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

B. Dr. Steven Donald Johnson

Mailing Address 191 Compton Rd

City State Zip Code  
 Cincinnati OH 45215-5153

FEC ID number of contributing federal political committee.

C

Name of Employer  
Samaritan OBGYN IncOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 1 6 / 2 0 0 5

Transaction ID: T8694

Amount of Each Receipt this Period

200.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)

C. Dr. Glen Mark Burton

Mailing Address 2736 Edgehill Rd

City State Zip Code  
 Toledo OH 43615-2328

FEC ID number of contributing federal political committee.

C

Name of Employer  
Toledo Clinic IncOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 1 6 / 2 0 0 5

Transaction ID: T8683

Amount of Each Receipt this Period

300.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional) .....

700.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 58

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)

Dr. Raj Kumar Narayan

Mailing Address 8575 Given Rd

City State Zip Code  
 Cincinnati OH 45243-1159

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mayfield Clinic Inc

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 1 6 / 2 0 0 5

Transaction ID: T8688

Amount of Each Receipt this Period

300.00

A Contribution to the Fed-  
eral PAC

**B.** Full Name (Last, First, Middle Initial)

Dr. Paul Joseph Crowley

Mailing Address 1445 Christmas Run Blvd

City State Zip Code  
 Wooster OH 44691-1501

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Paul J Crowley MD

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 1 9 / 2 0 0 5

Transaction ID: T8511

Amount of Each Receipt this Period

200.00

A Contribution to the Fed-  
eral PAC

**C.** Full Name (Last, First, Middle Initial)

Dr. Krishnaiah Chou Garlapati

Mailing Address 214 N Tecumseh Trl

City State Zip Code  
 Tiffin OH 44883-3461

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Krishnaiah C Garlapatti  
MD

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 1 9 / 2 0 0 5

Transaction ID: T8486

Amount of Each Receipt this Period

200.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 58

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)

Dr. Melinda Joann Woofter

Mailing Address 25 Phillips Gln

City State Zip Code  
 Granville OH 43023-8700

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Midwest Dermatology Center

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 2 6 / 2 0 0 5

Transaction ID: T8457

Amount of Each Receipt this Period

200.00

A Contribution to the Fed-  
eral PAC

**B.** Full Name (Last, First, Middle Initial)

Dr. Andrew Martin Zurick

Mailing Address 1936 Wynstone Cir NE

City State Zip Code  
 North Canton OH 44720-3366

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ohio Hospital Based Physi-  
cians Corp

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 2 8 / 2 0 0 5

Transaction ID: T8614

Amount of Each Receipt this Period

200.00

A Contribution to the Fed-  
eral PAC

**C.** Full Name (Last, First, Middle Initial)

Dr. Milan John Packovich

Mailing Address 1429 Deer Hill Rd

City State Zip Code  
 Dennison OH 44621-9348

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Twin City Medical Group

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 2 8 / 2 0 0 5

Transaction ID: T8608

Amount of Each Receipt this Period

200.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 58

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr. Milan John Packovich

Mailing Address 1429 Deer Hill Rd

City State Zip Code  
Dennison OH 44621-9348

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Twin City Medical Group

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 8 / 2 0 0 5

Transaction ID: T8609

Amount of Each Receipt this Period

75.00

A Contribution to the Fed-  
eral PAC

**B.** Full Name (Last, First, Middle Initial)  
Dr. Philip D Junglas

Mailing Address 8054 Dines Rd

City State Zip Code  
Novelty OH 44072-9501

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cleveland Physicians Inc

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 9 / 2 0 0 5

Transaction ID: T8521

Amount of Each Receipt this Period

200.00

A Contribution to the Fed-  
eral PAC

**C.** Full Name (Last, First, Middle Initial)  
Dr. John Michael Lepi

Mailing Address 5900 Lattimer Dr

City State Zip Code  
Nashport OH 43830-9428

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
John M Lepi MD Inc

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 4 / 2 0 0 5

Transaction ID: T8732

Amount of Each Receipt this Period

200.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

475.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 58

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Sidney Jerome Steinberger

Mailing Address 3903 Yellow Creek W

City

Akron

State

OH

Zip Code

44333-1573

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sidney J Steinberger MDOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 1 1 / 2 0 0 5

Transaction ID: T8801

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

Full Name (Last, First, Middle Initial)

B. Dr. William Ellis Tucker

Mailing Address 2865 Sands Rd

City

Lima

State

OH

Zip Code

45805-3818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Premier Health Care Servi-  
ces IncOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 4 / 2 0 0 5

Transaction ID: T8927

Amount of Each Receipt this Period

200.00

A Contribution to the Fed-  
eral PAC

Full Name (Last, First, Middle Initial)

C. Dr. Vincent Wayne Vanek

Mailing Address 1225 Macachee Dr

City

Youngstown

State

OH

Zip Code

44511-3661

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 8 / 2 0 0 5

Transaction ID: T9106

Amount of Each Receipt this Period

200.00

A Contribution to the Fed-  
eral PAC

SUBTOTAL of Receipts This Page (optional) .....

650.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 58

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
 Dr. Jean-Claud M Tabet  
 Mailing Address 2600 Tuscarawas St W

City State Zip Code  
 Canton OH 44708-4644

FEC ID number of contributing federal political committee.

C

Name of Employer  
Jean-Claud Tabet MDOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 8 / 2 0 0 5

Transaction ID: T9122

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

**B.** Full Name (Last, First, Middle Initial)  
 Dr. Antoinette Lee La Valley  
 Mailing Address 2920 Tracewood Dr

City State Zip Code  
 Toledo OH 43617-2305

FEC ID number of contributing federal political committee.

C

Name of Employer  
Consulting Radiologists CorpOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 8 / 2 0 0 5

Transaction ID: T9119

Amount of Each Receipt this Period

1000.00

A Contribution to the Federal PAC

**C.** Full Name (Last, First, Middle Initial)  
 Dr. Blaise Vincent Jones  
 Mailing Address 6814 Treeridge Dr

City State Zip Code  
 Cincinnati OH 45244-3577

FEC ID number of contributing federal political committee.

C

Name of Employer  
Cincinnati Childrens Hospital MedicalOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

398.75

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 8 / 2 0 0 5

Transaction ID: T9114

Amount of Each Receipt this Period

200.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional) .....

1700.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 58

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Dr. Pang-hsiun Huang

Mailing Address 689 Colonial Dr

City State Zip Code  
 Youngstown OH 44505-2209

FEC ID number of contributing federal political committee.

C

Name of Employer  
Pang-Hsiung Huang MDOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 8 / 2 0 0 5

Transaction ID: T9129

Amount of Each Receipt this Period

200.00

A Contribution to the Federal PAC

B. Full Name (Last, First, Middle Initial)

Dr. Kevin Michael Chartrand

Mailing Address 13310 Auburn Rd

City State Zip Code  
 Chardon OH 44024-9344

FEC ID number of contributing federal political committee.

C

Name of Employer  
Kevin Chartrand MD FAAFPOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 8 / 2 0 0 5

Transaction ID: T9110

Amount of Each Receipt this Period

1000.00

A Contribution to the Federal PAC

C. Full Name (Last, First, Middle Initial)

Dr. Kenneth Gordon Amend

Mailing Address 5075 Shepherd

City State Zip Code  
 Cincinnati OH 45223

FEC ID number of contributing federal political committee.

C

Name of Employer  
Amend Eye Care CenterOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 8 / 2 0 0 5

Transaction ID: T9121

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional) .....

1700.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 58

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr. Walter James Wielkiewicz

Mailing Address 5180 Heritage Dr

City State Zip Code  
Nashport OH 43830-9711

FEC ID number of contributing federal political committee.

C

Name of Employer  
PrimeCare Of Southeastern  
Ohio Inc

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 5

Transaction ID: T8998

Amount of Each Receipt this Period

100.00

A Contribution to the Federal PAC

**B.** Full Name (Last, First, Middle Initial)

Dr. Edward N Hughes

Mailing Address 5057 Rolling Woods Trl

City State Zip Code  
Kettering OH 45429-1110

FEC ID number of contributing federal political committee.

C

Name of Employer  
First Dayton Radiation On-  
cology Inc

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 2 / 2 0 0 5

Transaction ID: T9048

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

**C.** Full Name (Last, First, Middle Initial)

Dr. Ricardo Arturo Roa

Mailing Address 470 Private Rd 97

City State Zip Code  
South Point OH 45680-7404

FEC ID number of contributing federal political committee.

C

Name of Employer  
Tri-State Otolaryngology  
Head & Neck S

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 5

Transaction ID: T9053

Amount of Each Receipt this Period

300.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional) .....

900.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 58

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Ronald I Veatch Mailing Address 123 Homewood Ave City State Zip Code Steubenville OH 43952-2320 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Steubenville Radiology Associates Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 0 5 <b>Transaction ID:</b> T9143 Amount of Each Receipt this Period 200.00 A Contribution to the Federal PAC
<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Lance Allen Talmage Mailing Address 3525 Ridgewood Rd City State Zip Code Toledo OH 43606-2646 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer The Toledo OB/GYN Associates Inc Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 208.30			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 5 <b>Transaction ID:</b> T9215 Amount of Each Receipt this Period 41.66 A Contribution to the Federal PAC
<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Katherine Tabatowski Mailing Address 5175 Hampton Ct City State Zip Code Zanesville OH 43701-8714 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Genesis Healthcare System - Bethesda Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 5 <b>Transaction ID:</b> T9225 Amount of Each Receipt this Period 500.00 A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional) .....

741.66

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 58

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Dr. Walter James Wielkiewicz

Mailing Address 5180 Heritage Dr

City State Zip Code  
 Nashport OH 43830-9711

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PrimeCare Of Southeastern  
Ohio Inc

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 1 / 2 0 0 5

Transaction ID: T9216

Amount of Each Receipt this Period

100.00

A Contribution to the Fed-  
eral PAC

Full Name (Last, First, Middle Initial)

**B.** Dr. Mark Edward Jonas

Mailing Address 3793 Brighton Manor Ln

City State Zip Code  
 Cincinnati OH 45208-1965

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Greater Cincinnati Gastro-  
enterology As

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 1 / 2 0 0 5

Transaction ID: T9221

Amount of Each Receipt this Period

500.00

A Contribution to the Fed-  
eral PAC

Full Name (Last, First, Middle Initial)

**C.** Dr. Steven Francis Brezny

Mailing Address 4339 Village Club Dr

City State Zip Code  
 Powell OH 43065-7324

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Family Physicians At Wedg-  
ewood

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 1 / 2 0 0 5

Transaction ID: T9219

Amount of Each Receipt this Period

125.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

725.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 58

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Andrew Louis Archer		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 5
Mailing Address 102 Castle Pine Ct		
City Xenia	State OH	Zip Code 45385-8952
FEC ID number of contributing federal political committee. C		<b>Transaction ID:</b> T9212
Name of Employer Providence Medical Group Inc		Amount of Each Receipt this Period 500.00
Occupation Physician		A Contribution to the Federal PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 500.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Kristine Ann Kunesh-Part		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 5
Mailing Address 807 George Wythe Commons		
City Dayton	State OH	Zip Code 45459-2940
FEC ID number of contributing federal political committee. C		<b>Transaction ID:</b> T9211
Name of Employer Kunesh Eye Center Inc		Amount of Each Receipt this Period 300.00
Occupation Physician		A Contribution to the Federal PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 300.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. William Michael McCullough, Jr.		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 5
Mailing Address 139 Signature Dr S		
City Xenia	State OH	Zip Code 45385-8901
FEC ID number of contributing federal political committee. C		<b>Transaction ID:</b> T9218
Name of Employer Oak Creek OB/GYN Inc		Amount of Each Receipt this Period 41.66
Occupation Physician		A Contribution to the Federal PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 208.30		

**SUBTOTAL** of Receipts This Page (optional) .....

841.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 58

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr. John Gregory Rosenthal  
Mailing Address 6936 Shadowcreek Dr

City State Zip Code  
Maumee OH 43537-1056

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Vision Associates Inc

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 5

Transaction ID: T9220

Amount of Each Receipt this Period

500.00

A Contribution to the Fed-  
eral PAC

**B.** Full Name (Last, First, Middle Initial)  
Dr. Haig G Tozbikian  
Mailing Address 1545 Brittany Hills Dr

City State Zip Code  
Dayton OH 45459-1423

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pediatric Anesthesia Asso-  
ciates Of Day

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 5

Transaction ID: T9293

Amount of Each Receipt this Period

200.00

A Contribution to the Fed-  
eral PAC

**C.** Full Name (Last, First, Middle Initial)  
Dr. Michael Lee Stark  
Mailing Address 9509 Cisco Rd

City State Zip Code  
Sidney OH 45365-9345

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Valley Eye Institute ASC

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 5

Transaction ID: T9295

Amount of Each Receipt this Period

500.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 58

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Clyde Charles Metzger

Mailing Address 500 Main St

City

Wintersville

State

OH

Zip Code

43953-3742

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Group AssociatesOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 9 / 2 0 0 5

Transaction ID: T9362

Amount of Each Receipt this Period

200.00

A Contribution to the Fed-  
eral PAC

Full Name (Last, First, Middle Initial)

B. Dr. Joseph Julian Mannella

Mailing Address 106 Crown Ct

City

Lancaster

State

OH

Zip Code

43130-8704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fairfield Anesthesia Asso-  
ciatesOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 3 / 2 0 0 5

Transaction ID: T9375

Amount of Each Receipt this Period

200.00

A Contribution to the Fed-  
eral PAC

Full Name (Last, First, Middle Initial)

C. Dr. James W Lipscomb

Mailing Address 314 Jessing Trl

City

Columbus

State

OH

Zip Code

43235-1473

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: T9748

Amount of Each Receipt this Period

200.00

A Contribution to the Fed-  
eral PAC

SUBTOTAL of Receipts This Page (optional) .....

600.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 58

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr. Richard Paul Morin

Mailing Address 105 E Mills Ave

City State Zip Code  
Cincinnati OH 45215-4331

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Surgical Consultants Of  
Cincinnati Inc

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: T9792

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**B.** Full Name (Last, First, Middle Initial)  
Dr. Mary Margaret Knoedler

Mailing Address 5777 Luclare Dr

City State Zip Code  
Cincinnati OH 45233-1902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oxford Radiology Inc

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: T9847

Amount of Each Receipt this Period

200.00

A Contribution to the Fed-  
eral PAC

**C.** Full Name (Last, First, Middle Initial)  
Dr. Richard Henry Koop

Mailing Address 8445 Augusta Ln

City State Zip Code  
Holland OH 43528-9243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Associated Eye Care Inc

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: T9822

Amount of Each Receipt this Period

300.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 58

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)

Dr. Molly Ann Katz

Mailing Address 3994 Rose Hill Ave

City State Zip Code  
 Cincinnati OH 45229-1448

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Katz Kade & Hewitt Inc

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: T9836

Amount of Each Receipt this Period

400.00

A Contribution to the Fed-  
eral PAC

**B.** Full Name (Last, First, Middle Initial)

Dr. James Edward Sander

Mailing Address 7185 Overlook Cir

City State Zip Code  
 Lambertville MI 48144-9455

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Toledo Clinic Inc

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: T10037

Amount of Each Receipt this Period

300.00

A Contribution to the Fed-  
eral PAC

**C.** Full Name (Last, First, Middle Initial)

Dr. Dwight Allen Scarborough

Mailing Address 650 Shawan Falls Dr

City State Zip Code  
 Dublin OH 43017-2100

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Affiliated Dermatology &  
Cosmetic Surg

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: T9758

Amount of Each Receipt this Period

200.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 58

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Dr. Beryl M Oser, Jr.

Mailing Address 1885 Edgemont Rd

City State Zip Code  
 Columbus OH 43212-1046

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Drs Oser & Covell

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: T9745

Amount of Each Receipt this Period

200.00

A Contribution to the Fed-  
eral PAC

Full Name (Last, First, Middle Initial)

**B.** Dr. Thomas W Panke

Mailing Address 2225 Beechcreek Ln

City State Zip Code  
 Cincinnati OH 45233-1706

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Southern Ohio Pathology  
Consultants In

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: T9842

Amount of Each Receipt this Period

200.00

A Contribution to the Fed-  
eral PAC

Full Name (Last, First, Middle Initial)

**C.** Dr. Arun Patel

Mailing Address 2119 Orchard Rd

City State Zip Code  
 Toledo OH 43606-2623

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Sunforest Orthopedics Inc

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: T10039

Amount of Each Receipt this Period

300.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 58

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr. Samir Bhogilal Patel  
Mailing Address 9517 E Kemper Rd

City State Zip Code  
 Loveland OH 45140-8953

FEC ID number of contributing federal political committee.

C

Name of Employer  
Advanced Dermatology & De-  
rmatopathologOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: T9862

Amount of Each Receipt this Period

300.00

A Contribution to the Fed-  
eral PAC

**B.** Full Name (Last, First, Middle Initial)  
Dr. William Stoess Pease  
Mailing Address 4103 Clairmont Rd

City State Zip Code  
 Columbus OH 43220-4501

FEC ID number of contributing federal political committee.

C

Name of Employer  
OSU Physical Medicine &  
RehabilitationOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: T9760

Amount of Each Receipt this Period

200.00

A Contribution to the Fed-  
eral PAC

**C.** Full Name (Last, First, Middle Initial)  
Dr. William Stoess Pease  
Mailing Address 4103 Clairmont Rd

City State Zip Code  
 Columbus OH 43220-4501

FEC ID number of contributing federal political committee.

C

Name of Employer  
OSU Physical Medicine &  
RehabilitationOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: T9749

Amount of Each Receipt this Period

200.00

A Contribution to the Fed-  
eral PAC

SUBTOTAL of Receipts This Page (optional) .....

700.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 58

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr. Morris Wade Pulliam  
Mailing Address 9485 Hunt Club Trl NE

City State Zip Code  
Warren OH 44484-1740

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Morris W Pulliam MD Inc

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: T9864

Amount of Each Receipt this Period

200.00

A Contribution to the Fed-  
eral PAC

**B.** Full Name (Last, First, Middle Initial)  
Dr. Louis Luke Barich  
Mailing Address 549 Main St

City State Zip Code  
Hamilton OH 45013-3272

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Louis Luke Barich MD Inc

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: T9853

Amount of Each Receipt this Period

200.00

A Contribution to the Fed-  
eral PAC

**C.** Full Name (Last, First, Middle Initial)  
Dr. Scott Cameron Blair  
Mailing Address 303 S Drexel Ave

City State Zip Code  
Bexley OH 43209-1742

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Columbus Oncology & Hemat-  
ology Associa

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: T9755

Amount of Each Receipt this Period

200.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 58

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr. Rolf F Brunckhorst  
Mailing Address 146 Stone Creek Dr

City State Zip Code  
Oxford OH 45056-9758

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Miami Valley Surgical Ass-  
ociates Inc

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: T9791

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-  
eral PAC

**B.** Full Name (Last, First, Middle Initial)  
Dr. John James Anderson  
Mailing Address 7008 Tryaltan Ln

City State Zip Code  
Canfield OH 44406-9422

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tod Childrens Hospital

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: T10036

Amount of Each Receipt this Period

200.00

A Contribution to the Fed-  
eral PAC

**C.** Full Name (Last, First, Middle Initial)  
Dr. Michael Charles Albert  
Mailing Address 1 Childrens Plz

City State Zip Code  
Dayton OH 45404-1898

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Orthopaedic Center For Sp-  
inal & Pediat

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: T9841

Amount of Each Receipt this Period

300.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 58

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Dr. Kathleen Anne Alter

Mailing Address 3588 Tiffany Ridge Ln

City State Zip Code  
 Cincinnati OH 45241-3809

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kathleen Alter MD Inc

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: T9832

Amount of Each Receipt this Period

200.00

A Contribution to the Fed-  
eral PAC

Full Name (Last, First, Middle Initial)

**B.** Dr. George Tseng Ho

Mailing Address 154 Misty Oak Pl

City State Zip Code  
 Gahanna OH 43230-6132

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Scioto Valley Urology Inc

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: T9768

Amount of Each Receipt this Period

400.00

A Contribution to the Fed-  
eral PAC

Full Name (Last, First, Middle Initial)

**C.** Dr. Steven Robert Horn

Mailing Address 5285 Laurelridge Ln

City State Zip Code  
 Cincinnati OH 45247-7950

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Talawanda Emergency Physi-  
cians Inc

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: T9868

Amount of Each Receipt this Period

200.00

A Contribution to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 58

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr. John S Cohen  
Mailing Address 503 Larchmont Dr

City State Zip Code  
Cincinnati OH 45215-4215

FEC ID number of contributing federal political committee.

C

Name of Employer  
Cincinnati Eye InstituteOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: T9814

Amount of Each Receipt this Period

200.00

A Contribution to the Federal PAC

**B.** Full Name (Last, First, Middle Initial)  
Dr. William Herbert Cotton  
Mailing Address 4444 Shull Rd

City State Zip Code  
Gahanna OH 43230-1951

FEC ID number of contributing federal political committee.

C

Name of Employer  
Pediatric Academic Association IncOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: T9769

Amount of Each Receipt this Period

200.00

A Contribution to the Federal PAC

**C.** Full Name (Last, First, Middle Initial)  
Dr. Kedar Krishna Deshpande  
Mailing Address 7553 Augusta Woods Terr

City State Zip Code  
Westerville OH 43082-7014

FEC ID number of contributing federal political committee.

C

Name of Employer  
Orthopaedic & Spine Center  
At PolarisOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: T9801

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional) .....

900.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 58

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Ricardo Mario Buenaventura			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 5	
Mailing Address 279 Timberleaf Dr			<b>Transaction ID:</b> T9849	
City State Zip Code Beavercreek OH 45430-5106			Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			A Contribution to the Federal PAC	
Name of Employer Dayton PainMed		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		
<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Pradip Vyas			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 5	
Mailing Address 2863 Merrimont Dr			<b>Transaction ID:</b> T10017	
City State Zip Code Troy OH 45373-4541			Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			A Contribution to the Federal PAC	
Name of Employer		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		
<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Daniel Weiss			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 5	
Mailing Address 5096 Dogwood Trl			<b>Transaction ID:</b> T9845	
City State Zip Code Lyndhurst OH 44124-2743			Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>			A Contribution to the Federal PAC	
Name of Employer Your Diabetes Endocrine Nutrition Group		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00		

SUBTOTAL of Receipts This Page (optional) .....

800.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 58

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Linda Toivonen Swan Mailing Address 3097 Dresden Rd City Zanesville State OH Zip Code 43701-1541 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer PrimeCare Of Southeastern Ohio Inc Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 5 <b>Transaction ID:</b> T9833 Amount of Each Receipt this Period 500.00 A Contribution to the Federal PAC
<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Lawrence Michael Stallings Mailing Address 1519 Gasche St City Wooster State OH Zip Code 44691-3020 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Trilogy Cancer Care Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 5 <b>Transaction ID:</b> T9873 Amount of Each Receipt this Period 500.00 A Contribution to the Federal PAC
<b>C.</b> Full Name (Last, First, Middle Initial) Dr. John Scott Wilcher Mailing Address 6770 Timberlands Dr City Dayton State OH Zip Code 45414-2061 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer J Scott Wilcher MD Inc Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 5 <b>Transaction ID:</b> T9871 Amount of Each Receipt this Period 500.00 A Contribution to the Federal PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

25783.32

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 58

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Hon Bill Harris

Mailing Address Statehouse Building  
Room 201, Second Floor

City State Zip Code  
Columbus OH 43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

ST\_SENATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: T10127

Amount of Each Receipt this Period

500.00

Refunds Issued to the Fed-  
eral PAC

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 58

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** JP Morgan Chase Bank

Mailing Address P O Box 710634

City State Zip Code  
 Columbus OH 43240-0634

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
JP Morgan Chase Bank

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

912.74

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 9 / 2 0 0 5

Transaction ID: T10139

Amount of Each Receipt this Period

161.44

A Credit to the Federal  
Account

Full Name (Last, First, Middle Initial)

**B.** JP Morgan Chase Bank

Mailing Address P O Box 710634

City State Zip Code  
 Columbus OH 43240-0634

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
JP Morgan Chase Bank

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1091.39

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 8 / 3 1 / 2 0 0 5

Transaction ID: T10140

Amount of Each Receipt this Period

178.65

A Credit to the Federal  
Account

Full Name (Last, First, Middle Initial)

**C.** Chubb Group Of Insurance Companies

Mailing Address 120 Fifth Ave

City State Zip Code  
 Pittsburgh PA 15222-3000

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Chubb Group Of Insurance  
Companies

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

81070.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 2 6 / 2 0 0 5

Transaction ID: T11506

Amount of Each Receipt this Period

81070.00

Other Income to the Feder-  
al PAC

**SUBTOTAL** of Receipts This Page (optional) .....

81410.09

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 58

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** JP Morgan Chase Bank

Mailing Address P O Box 710634

City State Zip Code  
 Columbus OH 43240-0634

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
JP Morgan Chase Bank

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1248.81

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 3 0 / 2 0 0 5

Transaction ID: T10141

Amount of Each Receipt this Period

157.42

A Credit to the Federal  
Account

Full Name (Last, First, Middle Initial)

**B.** JP Morgan Chase Bank

Mailing Address P O Box 710634

City State Zip Code  
 Columbus OH 43240-0634

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
JP Morgan Chase Bank

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1365.67

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 3 1 / 2 0 0 5

Transaction ID: T10142

Amount of Each Receipt this Period

116.86

A Credit to the Federal  
Account

Full Name (Last, First, Middle Initial)

**C.** JP Morgan Chase Bank

Mailing Address P O Box 710634

City State Zip Code  
 Columbus OH 43240-0634

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
JP Morgan Chase Bank

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1525.91

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 3 0 / 2 0 0 5

Transaction ID: T10143

Amount of Each Receipt this Period

160.24

A Credit to the Federal  
Account

**SUBTOTAL** of Receipts This Page (optional) .....

434.52

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 58

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
JP Morgan Chase Bank

Mailing Address P O Box 710634

City State Zip Code  
Columbus OH 43240-0634

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
JP Morgan Chase Bank

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1681.09

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 5

Transaction ID: T10144

Amount of Each Receipt this Period

155.18

A Credit to the Federal  
Account

**SUBTOTAL** of Receipts This Page (optional) .....

155.18

**TOTAL** This Period (last page this line number only) .....

81999.79

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 40 / 58

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** American Medical Association Political Action Committee

Mailing Address 1101 Vermont Ave NW

City Washington State DC Zip Code 20005-3521

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: A1175126

Date of Disbursement

09 / 19 / 2005

Amount of Each Disbursement this Period

10950.00

Full Name (Last, First, Middle Initial)

**B.** American Medical Association Political Action Committee

Mailing Address 1101 Vermont Ave NW

City Washington State DC Zip Code 20005-3521

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: A1175127

Date of Disbursement

09 / 19 / 2005

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

**C.** American Medical Association Political Action Committee

Mailing Address 1101 Vermont Ave NW

City Washington State DC Zip Code 20005-3521

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: A1175128

Date of Disbursement

10 / 13 / 2005

Amount of Each Disbursement this Period

81070.00

**SUBTOTAL** of Disbursements This Page (optional) .....

92420.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 41 / 58

☐ 21b ☒ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. American Medical Association Political Action Committee**

Mailing Address 1101 Vermont Ave NW

City Washington State DC Zip Code 20005-3521

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: A1175129

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
1 0 / 2 4 / 2 0 0 5

Amount of Each Disbursement this Period

590.00

Full Name (Last, First, Middle Initial)

**B. American Medical Association Political Action Committee**

Mailing Address 1101 Vermont Ave NW

City Washington State DC Zip Code 20005-3521

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: A1175130

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
1 0 / 2 4 / 2 0 0 5

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. American Medical Association Political Action Committee**

Mailing Address 1101 Vermont Ave NW

City Washington State DC Zip Code 20005-3521

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: A1233928

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
1 2 / 1 5 / 2 0 0 5

Amount of Each Disbursement this Period

2100.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4190.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 42 / 58

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** American Medical Association Political Action Committee

Mailing Address 1101 Vermont Ave NW

City Washington State DC Zip Code 20005-3521

Purpose of Disbursement

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: A1233929

Date of Disbursement

M M / D D / Y Y Y Y  
1 2 / 2 7 / 2 0 0 5

Amount of Each Disbursement this Period

3360.00

SUBTOTAL of Disbursements This Page (optional) .....

3360.00

TOTAL This Period (last page this line number only) .....

99970.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 43 / 58

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Hon. Keith L. Faber

Mailing Address 77 South High Street  
13th Floor

City Columbus State OH Zip Code 43215-6108

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: A1174040

Date of Disbursement

08 / 05 / 2005

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** Hon David Goodman

Mailing Address Senate Building  
Room 125, First Floor

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
General Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: A1174039

Date of Disbursement

08 / 05 / 2005

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C.** Hon Chris Redfern

Mailing Address 77 South High Street  
14th Floor

City Columbus State OH Zip Code 43215-6108

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: A1174041

Date of Disbursement

08 / 05 / 2005

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 44 / 58

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Hon. Derrick K. Seaver

Mailing Address 45 S Hamilton St

City Minster State OH Zip Code 45865-1321

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: A1174042

Date of Disbursement

08 / 22 / 2005

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

**B.** Hon Larry L. Flowers

Mailing Address 77 South High Street  
14th Floor

City Columbus State OH Zip Code 43215-6108

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: A1174043

Date of Disbursement

08 / 22 / 2005

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

**C.** Hon Kevin Coughlin

Mailing Address Senate Building  
Room 137, First Floor

City Columbus State OH Zip Code 43215

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: A1174046

Date of Disbursement

09 / 02 / 2005

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 45 / 58

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Hon Bill Harris

Mailing Address Statehouse Building  
Room 201, Second Floor

City Columbus State OH Zip Code 43215

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: A1174044**

Date of Disbursement

09 / 02 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Hon. Matthew J. Dolan

Mailing Address 77 S High St 12th Fl

City Columbus State OH Zip Code 43215-6108

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: A1174045**

Date of Disbursement

09 / 02 / 2005

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** Republican Senate Campaign Committee

Mailing Address 211 S Fifth St

City Columbus State OH Zip Code 43215-5203

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: A1175145**

Date of Disbursement

09 / 02 / 2005

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 46 / 58

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Hon Geoffrey C. Smith

Mailing Address 77 South High Street  
11th Floor

City Columbus State OH Zip Code 43215-6108

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: A1174047**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B.** Hon Tom Raga

Mailing Address 77 South High Street  
14th Floor

City Columbus State OH Zip Code 43215-6108

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: A1174051**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** Hon Chris Redfern

Mailing Address 77 South High Street  
14th Floor

City Columbus State OH Zip Code 43215-6108

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: A1174052**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 47 / 58

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Hon Jon Husted

Mailing Address 77 South High Street  
14th Floor

City Columbus State OH Zip Code 43215-6108

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** A1174050

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
09 15 2005

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** Hon Kevin DeWine

Mailing Address 77 South High Street  
14th Floor

City Columbus State OH Zip Code 43215-6108

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** A1174049

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
09 15 2005

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** Hon. Randy L. Gardner

Mailing Address Senate Building  
Room 220, Second Floor

City Columbus State OH Zip Code 43215

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** A1174053

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
10 03 2005

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 48 / 58

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Hon Jon Husted

Mailing Address 77 South High Street  
14th Floor

City Columbus State OH Zip Code 43215-6108

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: A1174054

Date of Disbursement

10 / 03 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Hon Dale Miller

Mailing Address 77 South High Street  
10th Floor

City Columbus State OH Zip Code 43215-6108

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: A1174055

Date of Disbursement

10 / 03 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Hon Larry A. Mumper

Mailing Address Senate Building  
Room 222, Second Floor

City Columbus State OH Zip Code 43215

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: A1174058

Date of Disbursement

10 / 11 / 2005

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 49 / 58

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Hon. Tim Schaffer

Mailing Address 77 S High St 11th Fl

City Columbus State OH Zip Code 43215-6108

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: A1174056

Date of Disbursement

10 / 11 / 2005

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** Hon Tom Raga

Mailing Address 77 South High Street  
14th Floor

City Columbus State OH Zip Code 43215-6108

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: A1174063

Date of Disbursement

10 / 11 / 2005

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** Hon Steve Stivers

Mailing Address Senate Building  
Room 134, First Floor

City Columbus State OH Zip Code 43215

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: A1174064

Date of Disbursement

10 / 11 / 2005

Amount of Each Disbursement this Period

9000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

10000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 50 / 58

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Hon. John J. White

Mailing Address 77 South High Street  
13th Floor

City Columbus State OH Zip Code 43215-6108

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: A1174061

Date of Disbursement

10 / 11 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Hon. Randy L. Gardner

Mailing Address Senate Building  
Room 220, Second Floor

City Columbus State OH Zip Code 43215

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: A1174065

Date of Disbursement

10 / 11 / 2005

Amount of Each Disbursement this Period

7500.00

Full Name (Last, First, Middle Initial)

**C.** Hon David Goodman

Mailing Address Senate Building  
Room 125, First Floor

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
General Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: A1174066

Date of Disbursement

10 / 11 / 2005

Amount of Each Disbursement this Period

6000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

14500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 51 / 58

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Hon Jay Hottinger

Mailing Address Senate Building  
Room 039, Ground Floor

City Columbus State OH Zip Code 43215

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: A1174062

Date of Disbursement

10 / 11 / 2005

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** Hon Kevin DeWine

Mailing Address 77 South High Street  
14th Floor

City Columbus State OH Zip Code 43215-6108

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: A1174060

Date of Disbursement

10 / 11 / 2005

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** Hon Larry L. Flowers

Mailing Address 77 South High Street  
14th Floor

City Columbus State OH Zip Code 43215-6108

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: A1174059

Date of Disbursement

10 / 11 / 2005

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 52 / 58

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Hon Kevin Coughlin

Mailing Address Senate Building  
Room 137, First Floor

City Columbus State OH Zip Code 43215

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: A1174068

Date of Disbursement

10 / 11 / 2005

Amount of Each Disbursement this Period

6250.00

Full Name (Last, First, Middle Initial)

**B.** Ohio Senate Democrats

Mailing Address 271 E State St

City Columbus State OH Zip Code 43215-4342

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: A1175139

Date of Disbursement

10 / 11 / 2005

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** Hon. Tim DeGeeter

Mailing Address 77 South High Street  
10th Floor

City Columbus State OH Zip Code 43215-6108

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: A1174069

Date of Disbursement

10 / 11 / 2005

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 53 / 58

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Hon. John A. Carey, Jr.

Mailing Address Senate Building  
Room 134, Ground Floor

City Columbus State OH Zip Code 43215

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: A1174067

Date of Disbursement

10 / 11 / 2005

Amount of Each Disbursement this Period

8750.00

Full Name (Last, First, Middle Initial)

**B.** Hon. Jim Carmichael

Mailing Address 77 S High St 12th Fl

City Columbus State OH Zip Code 43215-6108

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: A1174057

Date of Disbursement

10 / 11 / 2005

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** Republican Senate Campaign Committee

Mailing Address 211 S Fifth St

City Columbus State OH Zip Code 43215-5203

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: A1175146

Date of Disbursement

10 / 24 / 2005

Amount of Each Disbursement this Period

8000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

17250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 54 / 58

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Hon. David T. Daniels

Mailing Address 77 S High St 11th Fl

City Columbus State OH Zip Code 43215-6108

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: A1174070

Date of Disbursement

10 / 31 / 2005

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

**B.** Hon Bill Harris

Mailing Address Statehouse Building  
Room 201, Second Floor

City Columbus State OH Zip Code 43215

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: A1174072

Date of Disbursement

10 / 31 / 2005

Amount of Each Disbursement this Period

8000.00

Full Name (Last, First, Middle Initial)

**C.** Hon Joy Padgett

Mailing Address Senate Building  
Room 035, Ground Floor

City Columbus State OH Zip Code 43215

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: A1174071

Date of Disbursement

10 / 31 / 2005

Amount of Each Disbursement this Period

300.00

**SUBTOTAL** of Disbursements This Page (optional) .....

8600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 55 / 58

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Hon Kimberly A. Zurz

Mailing Address Senate Building  
Room 057, Ground Floor

City Columbus State OH Zip Code 43215

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: A1174074

Date of Disbursement

11 / 11 / 2005

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

**B.** Hon. Bill Seitz

Mailing Address 77 S High St 14th Fl

City Columbus State OH Zip Code 43215-6151

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: A1174073

Date of Disbursement

11 / 11 / 2005

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** Hon. Robert L. Schuler

Mailing Address State House  
Room 221, Second Floor

City Columbus State OH Zip Code 43215

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: A1175533

Date of Disbursement

12 / 07 / 2005

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 56 / 58

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Ohio House Democratic Caucus

Mailing Address 271 E State St

City  
Columbus

State  
OH

Zip Code  
43215-4342

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: A1175532

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B.** Hon. Joyce Beatty

Mailing Address 77 South High Street  
14th Floor

City  
Columbus

State  
OH

Zip Code  
43215-6108

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: A1233931

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** Hon. Todd Book

Mailing Address 77 South High Street  
10th Floor

City  
Columbus

State  
OH

Zip Code  
43215-6108

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: A1233930

Date of Disbursement

/   /

Amount of Each Disbursement this Period

750.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 57 / 58

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Hon. Michelle G. Schneider

Mailing Address 77 South High Street  
11th Floor

City Columbus State OH Zip Code 43215-6108

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: A1233932

Date of Disbursement

12 / 20 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Hon. Shawn N. Webster

Mailing Address 77 South High Street  
13th Floor

City Columbus State OH Zip Code 43215-6108

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: A1233934

Date of Disbursement

12 / 27 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Ohio House Republican Campaign Committee

Mailing Address 100 E Broad St Ste 2225

City Columbus State OH Zip Code 43215-3641

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: A1233933

Date of Disbursement

12 / 27 / 2005

Amount of Each Disbursement this Period

13500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

15500.00

**TOTAL** This Period (last page this line number only) .....

94250.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 58 / 58

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Internal Revenue Service

Mailing Address 550 Main St

City  
Cincinnati

State  
OH

Zip Code  
45202-3222

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: A1175133

Date of Disbursement

<sup>M</sup>  <sup>M</sup> /  <sup>D</sup>  <sup>D</sup> /  <sup>Y</sup>  <sup>Y</sup>  <sup>Y</sup>  <sup>Y</sup>

Amount of Each Disbursement this Period

21.13

**SUBTOTAL** of Disbursements This Page (optional) .....

21.13

**TOTAL** This Period (last page this line number only) .....

21.13